

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014143

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 254

STATE FILE NUMBER

FILED MAY 14 1962

## 1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Columbia

Length of stay in 1b

2 hosp. days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTEUniversity of Missouri  
Medical Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Boone

c. CITY

OR TOWN

Columbia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

101 Texas

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Richard Leo Piatt

4. DATE OF DEATH

Month

Day

Year

May 4 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-1-1920

## 9. AGE (last birthday)

42

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Agent for City Service Oil Co.

10b. KIND OF BUSINESS OR INDUSTRY

Oil Company

11. BIRTHPLACE (City and state or country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Walter R. Piatt

## 13b. MOTHER'S MARDEN NAME

Ola Godfrey

## 14. NAME OF HUSBAND OR WIFE

Sybil Piatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes 1942-1945

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

University of Missouri

## Address

Columbia, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL HEMORRHAGE

## INTERVAL BETWEEN ONSET AND DEATH

2 hours

DUE TO (b)

MONOBLASTIC LEUKEMIA

8 months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-4-62 to 5-4-62 and last saw him alive on 5-4-62  
Death occurred at 5:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M. S. Palmer M.D.

## 22b. ADDRESS

UMMC, COLUMBIA, Mo.

## 22c. DATE SIGNED

5-4-62

23a. BURIAL, CREMATION, REBURY (Specify)

Burial

## 23b. DATE

5-6-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

Columbia, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Parker Funeral Service Columbia, Mo.

## 25. DATE RECD. BY LOCAL REG.

May 5 1962

## 26. REGISTRAR'S SIGNATURE

Mrs R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0109

2 0109

3

4 0

5 1

6

7 1

8 1

9 204.2

10

11

12 2.0

13 3-0

MAY 15 1962

JUN 5 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed George A. Kirby

Licensed Embalmer No. 4732

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.